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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	199-0082US-C
	First Inventor	Patrick Vanderwilt
	Title	Conferencing System Having an Embedded Web Server,
	Express Mail Label No.	EV405192759US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 25] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9] 5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/417,903


Prior application information: Examiner George Eng Group / Art Unit: 2643

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 29855 or ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Terril G. Lewis	Registration No. (Attorney/Agent)	46,065
Signature		Date	11/21/2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 22581 U.S. PTO
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16138 U.S. PTO
112103

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	Patrick Vanderwilt
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$) S1,186.00	
		Attorney Docket No. 199-0082US-C	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 501922</p> <p>Deposit Account Name: Wong Cabello Lutsch Rutherford</p> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <hr/> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1001</td> <td>770</td> <td>2001 385 Utility filing fee</td> <td>770.00</td> </tr> <tr> <td></td> <td></td> <td>1002</td> <td>340</td> <td>2002 170 Design filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1003</td> <td>530</td> <td>2003 265 Plant filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1004</td> <td>770</td> <td>2004 385 Reissue filing fee</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1005</td> <td>160</td> <td>2005 80 Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) S770.00</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>24 - 20** = 4</td> <td>X 18.00 =</td> <td>72.00</td> </tr> <tr> <td>Independent Claims</td> <td>7 - 3** = 4</td> <td>X 86.00 =</td> <td>344.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1202</td> <td>18</td> <td>2202 9 Claims in excess of 20</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1201</td> <td>86</td> <td>2201 43 Independent claims in excess of 3</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1203</td> <td>290</td> <td>2203 145 Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1204</td> <td>86</td> <td>2204 43 ** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td></td> <td></td> <td>1205</td> <td>18</td> <td>2205 9 ** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) S416.00</td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1001	770	2001 385 Utility filing fee	770.00			1002	340	2002 170 Design filing fee				1003	530	2003 265 Plant filing fee				1004	770	2004 385 Reissue filing fee				1005	160	2005 80 Provisional filing fee		SUBTOTAL (1)					(\$) S770.00	Extra Claims		Fee from below	Fee Paid	Total Claims	24 - 20** = 4	X 18.00 =	72.00	Independent Claims	7 - 3** = 4	X 86.00 =	344.00	Multiple Dependent				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			1202	18	2202 9 Claims in excess of 20				1201	86	2201 43 Independent claims in excess of 3				1203	290	2203 145 Multiple dependent claim, if not paid				1204	86	2204 43 ** Reissue independent claims over original patent				1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) S416.00	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Terril G. Lewis	Registration No. (Attorney/Agent)	46,065
Signature		Telephone	832 446 2400
		Date	11/2/2003

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